



Annual Report FY 2009-10

COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE

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DRUG COURT OVERSIGHT SUBCOMMITTEE

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I. Executive Summary

Drug courts employ a non-adversarial, collaborative approach and offer an alternative to incarceration to offenders dealing with drug abuse issues. National and local studies have consistently found drug courts to generate cost savings for the criminal justice system, decrease recidivism among drug offenders, and, most importantly, help participants return to a productive life.

The Los Angeles County Drug Court Program, launched in 1994, diverts non-violent drug offenders with chronic substance abuse disorders out of the local jail and state prison systems and into treatment. This report covers Drug Court Program outcomes for Fiscal Year 2009-10.

There are 12 traditional adult drug courts, two juvenile drug courts, and four specialized court programs based on the drug court model in Los Angeles County. Defendants who have a current felony drug possession or use charge, no history of serious or violent offenses and a demonstrated substance abuse issue are eligible for the Los Angeles County Drug Court Program. All Los Angeles County drug courts have a drug court team that features close collaboration among judicial officers, prosecution, defense, probation and community-based treatment providers. Each drug court program offers treatment and recovery services based on participants' severity of addiction and treatment needs.

In Fiscal Year 2009-10, 743 new participants entered the Los Angeles County Adult Drug Court program.¹ Combined with continuing participants, 1,474 individuals received substance abuse treatment and services through Drug Court over the one-year period, and 383 people graduated from the program. Over the last ten fiscal years, 11,000 new participants entered the Drug Court Program and 4,332 participants have graduated.

Drug Court graduates have a five-year recidivism rate of approximately 30%. This means that over 70% of those that successfully complete the program remain conviction-free in the five years following their graduation. This percentage has been relatively consistent since the Drug Court Program began, is comparable to rates for drug courts nationwide, and reflect the effectiveness of the drug court model. The rate is also significantly lower than recidivism rates for similar offenders who do not participate in a drug court program.

Ongoing oversight of the Drug Court Program is provided by the Countywide Criminal Justice Coordination Committee's Drug Court Oversight Subcommittee. The Subcommittee oversees the collaborative efforts of the various agencies involved in the Los Angeles County Drug Court Program and provides programmatic and technical assistance, coordinates countywide data collection and program evaluation activities, and develops consensus on countywide policies and program standards.

The Drug Court Oversight Subcommittee holds an annual training for all drug court practitioners. The annual drug court training conference was held in June 2010 with over

¹ These statistics do not include the Co-Occurring Disorders Court or the Women's Reentry Court program. Data on these programs are included in Chapter VI.

250 individuals involved in the Los Angeles County Drug Court Program in attendance. The conference provided the newest research on drug use trends, substance abuse treatment, and best practices for collaborative courts.

A number of challenges face the Drug Court Program. Declining referrals and enrollment over the past several years are issues that will continue to be addressed by the Drug Court Oversight Subcommittee. In addition, reductions in revenue for state and local governments increase the importance of finding grant opportunities and other sources of funding.

Despite these difficulties, the Drug Court Program continues to effectively serve the community for over 15 years. By assisting with the rehabilitation of individuals who would otherwise cycle through the criminal justice system, drug courts both enhance public safety and offer substance abusers an opportunity to become productive members of society.

II. Background and Overview

The Los Angeles County Drug Court Program

In 1994, the Los Angeles Municipal Court and the Countywide Criminal Justice Coordination Committee (CCJCC) established the County's first drug court program at the Downtown Criminal Courts Building (Clara Shortridge Foltz Criminal Justice Center). Within two months, a second court was implemented at the Rio Hondo Municipal Court in El Monte. These two pilot programs were the beginning of the Los Angeles County Drug Court Program and represented a significant shift in the justice system's response to drug addiction and crime.

After 1994, drug courts were established throughout Los Angeles County. Today, there are 12 traditional adult drug courts, two juvenile drug court programs and four specialized court programs based on the drug court model. Defendants with a current felony drug possession or use charge, no history of serious or violent felonies and demonstrated substance abuse issues are eligible to participate in drug court.

In 2001, California voters approved Proposition 36, which established a network of courts based on the drug court model to divert low-level, non-violent drug offenders into treatment. Together, these collaborative courts offer a continuum of care and drug treatment services for drug involved and dependent offenders in Los Angeles County.

Success Story

Donte S. began using illegal drugs at the age of 12. After a 2004 arrest, he was facing 3 years in prison. He was sent through a drug court program where he became sober and graduated one year later. He subsequently obtained gainful employment and served as a counselor helping others. Regarding his experience in drug court, he said, "I am grateful and hope that I am an example that this does work."

The County's system of drug courts consists of both a "pre-plea" diversion and "post-plea" design, which is intended to provide a treatment alternative to prosecution for non-violent felony drug offenders. Drug Courts have evolved into multi-track program models which include a variety of post-plea participants: probation violators, defendants who have pled guilty as a condition for admission into the program, and defendants terminated from Proposition 36 probation.

The Drug Court Model

Drug courts are a unique collaboration between the criminal justice system and drug treatment professionals who work together to intervene in the lives of substance dependent criminal offenders. Drug courts employ a non-adversarial, collaborative approach and divert non-violent offenders with chronic substance abuse disorders away from jail and prison and into treatment. Court teams traditionally include representatives from the judiciary, defense counsel, prosecution, probation, law enforcement, and mental health and substance abuse treatment communities. These stakeholders work together to

offer offenders an alternative to incarceration and a chance to address their substance abuse.

Studies have repeatedly found that drug courts generate cost savings to the criminal justice system, decrease recidivism among graduates, and, most importantly, help participants return to a productive life. In a February 2005 report, the federal Government Accountability Office (GAO) concluded that adult drug court programs substantially reduce crime by lowering re-arrest and conviction rates among drug court graduates well after program completion, providing overall greater cost/benefits for drug court participants and graduates than comparison group members (GAO-05-219).

The nation's first drug court program began in Miami, Florida in 1989. The success of that court served as the model for the development of drug courts throughout the nation. Currently, there are more than 2,500 drug courts in operation across the country.

Success Story

Xavier entered drug court after years of substance abuse and criminal justice involvement. After graduating from the drug court program, he completed college, received a certificate in drug and alcohol studies, and served on the Board of Directors for a local youth gang prevention program.

The drug court model is based on 10 key elements. These elements are widely recognized to be vital to the successful implementation and operation of drug courts. All Los Angeles drug courts are founded on the 10 key elements. (See Appendix A for the ten key elements).

Drug Court Phases

The Los Angeles Drug Court Program offers a structured regimen of treatment and recovery services based on thorough assessments of participants' severity of addiction and treatment needs. Each court operates with a phased approach to treatment and supervision. Drug court teams continuously screen potential candidates for the program, create individual treatment and supervision plans for each participant, and carefully monitor their progress throughout the programs phases. Clients must meet specific criteria before transitioning to the next phase, such as having no positive drug tests or unexcused absences, complying with treatment and court orders, positively adjusting to treatment plans, and regularly appearing before the bench officer. (See Appendix B).

Trial Phase

The Trial Phase of the drug court program consists of frequent drug testing, mandatory group meetings, and counseling sessions. This phase is essential in assessing a participants' commitment to treatment and level of motivation. The Trial Phase lasts approximately two weeks. Upon successful completion, participants are formally transitioned into the program and Phase I.

Phase I

Phase I focuses on assessment, stabilization, and the commencement of an individualized treatment plan. Frequent counseling sessions, mandatory 12-step meetings, and mandatory drug testing characterize Phase I. Phase I emphasizes the development of employment, vocational, and education goals and plans.

Phase II

Phase II includes intensive treatment services, counseling focused on long-term recovery and socialization, mandatory 12-step meetings, and mandatory drug testing. The frequency of testing and meetings is less than Phase I and reflects a growing commitment to recovery on the part of the participant. Emphasis is placed on pursuing individual employment and vocational/education goals.

Phase III

Phase III focuses on transition from intense treatment to long-term relapse prevention. Counseling sessions continue with a larger concentration on self-sufficiency. Mandatory 12-step meetings and drug testing continue, but on a less frequent basis than in Phase II. Phase III prepares participants for graduation from the program and for long-lasting recovery.

III. Los Angeles County Drug Courts

Success Story

Greg lost his license to practice law and received a prison sentence as a result of his addiction. After completing a drug court program, he went on to become executive director of a treatment center and served as a consultant for a group that works with recovering lawyers and judges.

There are 12 adult drug courts, two juvenile drug courts and four specialized collaborative courts based on the drug court model operating in Los Angeles County. Each drug court features strong collaboration among the judicial officer, prosecution, defense counsel, law enforcement, probation, and a community-based treatment provider. Each drug court program accesses resources in its particular community to provide treatment services that reflect the needs of participants.

Adult Drug Court Program

Each drug court is headed by a bench officer and overseen by a dedicated drug court team consisting of the defense, prosecution and a local community-based agency that provides substance abuse treatment and services to participants. Participants are enrolled in drug court after review and approval by all members of the drug court team. Once enrolled, drug court participants are given an assessment by the treatment provider to gauge their level of treatment and service needs, and an individualized treatment plan is

developed. The drug court team reviews and revises treatment plans, as needed, and provides periodic progress reports to the Court. Drug court judicial officers employ sanctions and incentives to ensure compliance with treatment plans and progress toward treatment goals.

The 12 adult drug courts operating in Los Angeles County are listed below (See Appendix C for a map of the drug courts).

Antelope Valley Drug Court Established 2002	Pasadena Drug Court Established 1995
Compton Drug Court Established 1998	Pomona Drug Court Established 1999
East Los Angeles Drug Court Established 1999	Rio Hondo Drug Court Established 1994
Inglewood Drug Court Established 1997	San Fernando Valley Drug Court Established 1996
Long Beach Drug Court Established 2000	Southeast/Whittier Drug Court Established 1997
Los Angeles Foltz Criminal Justice Center Drug Court Established 1994	West Los Angeles/Airport Drug Court Established 1996

Juvenile Drug Court Program

The first juvenile drug court in Los Angeles County was established at the Sylmar Juvenile Court in July 1998. The Los Angeles Juvenile Drug Court Program incorporates the same general principles and program elements as the adult drug courts. The program targets non-violent juvenile offenders with substance abuse problems. The mission of the program is to provide an integrated and comprehensive system of treatment for high-risk minors and their parents within a highly structured drug court setting.

The voluntary program includes regular court appearances before a designated juvenile drug court judicial officer, intensive supervision by the probation department, frequent drug testing, and a comprehensive program of treatment services provided by a community-based agency. Treatment includes individual, group, and family counseling sessions. Referrals for ancillary services, such as vocational training, job placement services and remedial education, are made as needed. Participants must complete a minimum of 12 months in the

program, comply with all program requirements, and be drug-free to be considered for graduation from Drug Court.

Specialized Collaborative Courts

Los Angeles County has created several specialized collaborative courts that utilize the drug court model. Most of these courts began on a pilot basis. Each program is headed by a judicial officer committed to the collaborative court model, which includes a non-adversarial team approach, and is based on the key elements of the drug court model.

Co-Occurring Disorders Court (2007)

The Co-Occurring Disorders Court (CODC) focuses on offenders who suffer from both a mental illness and a substance abuse problem and, as a result, have frequent contact with the criminal justice system. The program utilizes the drug court model and provides integrated intensive mental health treatment, substance abuse treatment, and other needed services.

The program currently serves approximately 60 participants at any given time and targets the downtown/Skid Row population. All clients begin treatment with a three-month residential stay at the County-owned and operated Antelope Valley Rehabilitation Center in Acton.

A CCJCC subcommittee, including members of the criminal justice system, Substance Abuse Prevention and Control (SAPC), Department of Mental Health and Project 180, the community-based treatment provider, was formed to assist in the implementation of the court and provides oversight as the program continues.¹ The Subcommittee meets regularly to discuss overall progress of the program, any need for changes to policy or court standards, budgetary issues and client success.

CODC is funded by Mental Health Services Act funding, a federal grant from the Substance Abuse and Mental Health Services Administration, and a federal grant from the Bureau of Justice Assistance.

Juvenile-Dependency Drug Court (2006)

The Los Angeles County Juvenile Dependency Court convened a committee to address substance abuse issues and treatment for parents and families involved in the dependency court system. With a grant obtained in May 2006, the County established a pilot dependency drug court to target primary caretaker parents whose children were under the juvenile dependency court jurisdiction and whose substance abuse appeared to be a significant impediment to family reunification. The court originally served 20 volunteer adult clients and provided substance abuse treatment and recovery support services to those parents. In late 2007, this model was expanded to include a larger number of clients in the original court, and an additional three dependency drug courts were created.

¹ SAPC is formerly the Alcohol and Drug Programs Administration (ADPA). Project 180 is part of Special Services for Groups.

Sentenced Offender Drug Court (1998)

The Sentenced Offender Drug Court (SODC) is an intensive program for convicted, non-violent felony offenders who face state prison commitments due to their criminal records and history of drug addiction. These higher risk offenders have medium to high levels of drug addiction and are offered the SODC program with formal probation as an alternative to state prison.

SODC is an in-custody and post-release treatment program. All SODC participants spend approximately 100 days in the county jail where they are assigned to a specialized drug treatment module. Following this period of intensive in-custody treatment, participants are assigned to a 90-day residential treatment facility. Finally, they are admitted into community-based transitional housing where they begin a six- to nine-month phase of comprehensive “outpatient” treatment and intensive drug testing under direct supervision of the judge. SODC serves up to 100 participants and is almost always at full capacity.

Women’s Reentry Court (2007)

The Women’s Reentry Court began in May 2007 and targets women parolees and probationers who are charged with a new offense in Los Angeles County. In lieu of a state prison sentence, participants are enrolled in an intensive six-month residential program followed by up to 12 months of outpatient treatment. The program serves up to 30 parolees and 30 non-parolees per year and offers mental health, substance abuse, employment assistance and trauma-related counseling services.

A CCJCC Steering Committee comprised of members of the criminal justice system, California Department of Corrections and Rehabilitation (CDCR), SAPC, UCLA and Prototypes, the community-based treatment provider, provides oversight of the Women’s Reentry Court Program.

In October 2009, the WRC program was honored by the Los Angeles County Quality and Productivity Commission with an award for Best Interagency Cooperation in the annual Productivity and Quality Awards.

WRC is funded by the California Department of Corrections and Rehabilitation, a federal grant from the Bureau of Justice Assistance, and an American Recovery and Reinvestment Act grant through the California Emergency Management Agency.

IV. Drug Court Program Oversight

The Drug Court Program must have a broad and ongoing base of support to succeed. The program continues to rely on a coalition of agencies, organizations and elected leaders to facilitate communication and collaboration. CCJCC created the Drug Court Oversight Subcommittee in 1995 to oversee the efforts of the various agencies involved in the Drug Court Program (See Appendix D). The Drug Court Oversight Subcommittee is comprised of judicial officers and administrators of the Los Angeles Superior Court and representatives from the District Attorney’s Office, the Public

Defender's Office, the Sheriff's Department, the Probation Department, the Department of Public Health Substance Abuse Prevention and Control, and local law enforcement agencies. The subcommittee is chaired by Judge Rudolph Diaz. To provide additional leadership and coordination, the Superior Court has also designated Judge Michael Tynan as Supervising Drug Court Judge.

The Drug Court Oversight Subcommittee provides programmatic and technical assistance to the various drug courts, coordinates countywide data collection and program evaluation activities, and develops countywide policies and program standards. The subcommittee is responsible for collaboratively developing general policy guidelines for all of the county's drug courts, which are published in the *Drug Court Standards and Practices*. This policy document undergoes revisions as the Drug Court program evolves.

Success Story

Monique experienced the devastating effects of substance abuse. After completing a drug court program, she became a certified addiction specialist and the assistant director of residential services at a treatment facility.

Finally, the Drug Court Oversight Subcommittee prioritizes training for drug court practitioners. The subcommittee continually organizes and facilitates training for those involved in the drug court program and sponsors an annual drug court conference.

V. Training and Management Information Systems

Training

On June 11, 2010, the Drug Court Oversight Subcommittee held its annual drug court training conference (See Appendix E for the conference agenda). Over 250 drug court practitioners attended the conference at the California Endowment in Downtown Los Angeles. Every year the UCLA Integrated Substance Abuse Program partners with CCJCC and the Drug Court Oversight Subcommittee to create the agenda. UCLA researchers routinely present at each conference.

These annual trainings offer drug court teams working across the county the opportunity to meet and share information. Evaluations and feedback from the conferences have been overwhelmingly positive.

The Drug Court Oversight Subcommittee is continually looking for opportunities to provide training on the latest information on substance abuse treatment and intervention to all drug court practitioners in Los Angeles County. The subcommittee periodically invites experts in the fields of drug policy, drug abuse and treatment, and collaborative court processes to present at the bi-monthly subcommittee meetings.

The subcommittee also encourages its members to attend state national meetings on courts. The National Association of Drug Court Professionals holds annual conferences on best practices in drug and collaborative courts. Drug court judges, attorneys, treatment providers,

probation officers and others involved in the Los Angeles County Drug Court Program routinely attend these conferences.

Success Story

Kittie struggled with drug addiction for over fifteen years and cycled in and out of the criminal justice system. After graduating from a drug court program, she earned a Bachelors of Science in Business Administration and obtained work as a collections manager.

Drug Court Management Information System (DCMIS)

The Drug Court Management Information System (DCMIS) continues to serve as an integrated data system for all Los Angeles County Adult Drug Courts and the Sentenced Offender Drug Court.

DCMIS is an Internet/Intranet database application that selectively permits access to the data by a variety of system users. To safeguard client confidentiality, all DCMIS users are registered and assigned specific data access privileges. This classification system ensures that access to protected treatment or criminal justice information is restricted to specific groups of authorized DCMIS users. Only DCMIS/CCJCC system administrators have access to the entire DCMIS database.

The DCMIS data repository provides day-to-day operational support to the County's Drug Courts and serves as a centralized source for statistical information to monitor and evaluate program outcomes and trends.

VI. Los Angeles County Drug Court Program Statistics

Program Numbers²

Fiscal Year 2009-10

In Fiscal Year 2009-10, 743 new participants entered the adult drug court program. Combined with continuing participants, 1,474 individuals received substance abuse treatment and services over the one year period; 383 participants graduated from drug courts; and 425 were terminated from the program. The termination rate was approximately 29%, a drop from last year's 34% as well as a drop from previous years when termination rates were between 35-40%.

Table 1: New, Continuing, Graduated and Terminated Participants – Fiscal Year 2009-10

	New Participants	Continuing Participants³	Graduated Participants	Terminated Participants
FY 2009-10	743	731	383	425

² Program numbers reported included data for the 12 Adult Drug Courts and the Sentenced Offender Drug Court.

³ The total for Continuing Participants is expressed as an average over the four quarters to avoid counting individuals more than once.

Fiscal Years 2000-01 through 2009-10

Over the last ten fiscal years, 11,000 new participants entered the Drug Court Program; 4,332 graduated; and 7,066 were terminated from the program.

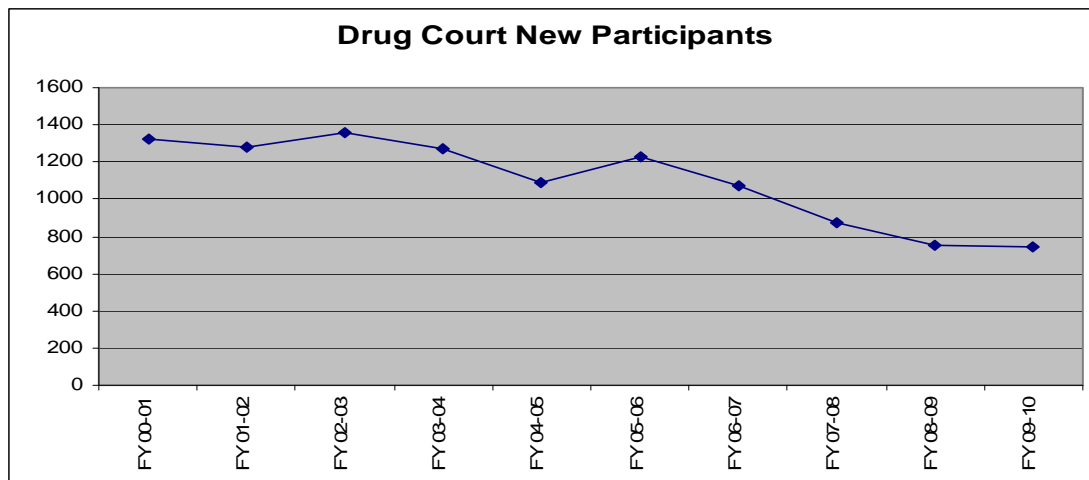
One troubling pattern has been the consistent downward trend in the number of drug court referrals and new participants over the course of the last ten fiscal years. While the total number of new participants for Fiscal Year 2009-10 was only slightly below that of Fiscal Year 2008-09, it does represent a 44% decline from Fiscal Year 2000-01.

These reductions have been due to several factors. Proposition 36, which mandates probation and treatment to eligible substance abuse offenders in lieu of incarceration, continues to draw drug court eligible offenders away from the program. In addition, funding reductions for drug court programs from federal and state sources have decreased program capacity. In 2002, the number of drug court treatment slots peaked at 1,400. By 2010, the total number of budgeted drug court slots available for participants had dropped to 811.

Table 2: New, Continuing, Graduated and Terminated Participants –
Fiscal Year 2000-01 through Fiscal Year 2009-10

	New Participants	Graduated Participants	Terminated Participants
FY 2000-01	1,326	567	703
FY 2001-02	1,280	585	703
FY 2002-03	1,361	452	834
FY 2003-04	1,268	451	950
FY 2004-05	1,093	433	708
FY 2005-06	1,232	343	758
FY 2006-07	1,071	447	787
FY 2007-08	872	355	598
FY 2008-09	754	316	540
FY 2009-10	743	383	425
Total	11,000	4,332	7,006

Figure 1



Participant Demographics

Age

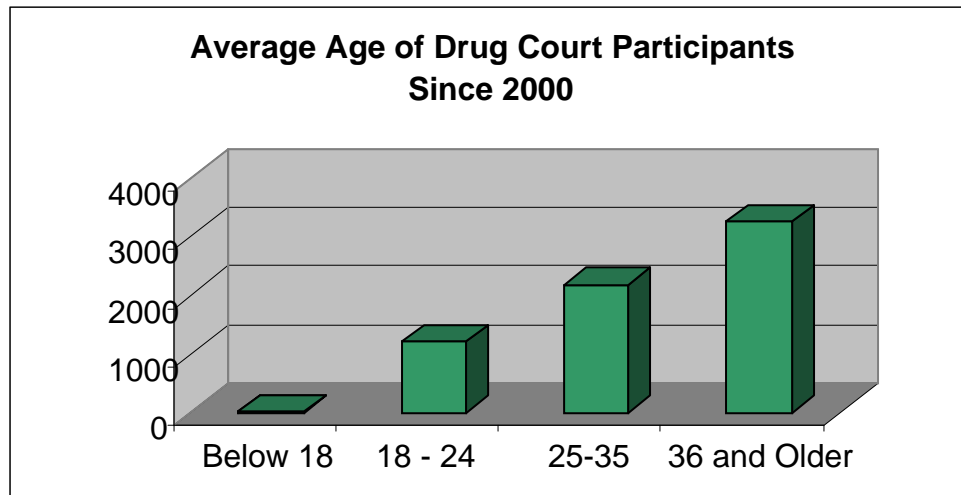
The overwhelming majority of all new participants entering the Adult Drug Court Program are over the age of 25; 48% are age 36 years or older. Individuals 18 to 24 years of age represent approximately 15% of the drug court participant pool. The age distribution of drug court participants has remained mostly constant over the last ten years.

Table 3: New Participant Age – Fiscal Year 2000-01 through Fiscal Year 2009-10

	Below 18	18 – 24	25 – 35	36 and older	Total
FY 2000-01	1 (0%)	223 (17%)	455 (34%)	647 (49%)	1,326
FY 2001-02	0 (0%)	233 (18%)	410 (32%)	637 (50%)	1,280
FY 2002-03	12 (0%)	273 (20%)	446 (33%)	629 (46%)	1,360*
FY 2003-04	1 (0%)	241 (19%)	404 (32%)	622 (49%)	1,268
FY 2004-05	3 (0%)	249 (23%)	376 (34%)	465 (43%)	1,093
FY 2005-06	4 (0%)	211 (17%)	386 (31%)	631 (51%)	1,232
FY 2006-07	2 (0%)	180 (17%)	336 (31%)	553 (52%)	1,071
FY 2007-08	1 (0%)	163 (19%)	270 (31%)	437 (50%)	871*
FY 2008-09	4 (0%)	126 (17%)	254 (34%)	370 (49%)	754
FY 2009-10	3 (0%)	109 (15%)	271 (36%)	360 (48%)	743
Total	31	2,008	3,608	5,351	10,998

*Differs from new participant total due to misreporting.

Figure 2



Gender

Seventy-seven percent (77%) of new participants in the drug court program are male. This is five percent higher than the previous year, although the percentage of males in the program has consistently been 70% or higher since the inception of the drug court program.

Table 4: New Participant Gender Distribution – Fiscal Year 2009-10

	Male	Female	Total
FY 2009-10	573 (77%)	170 (23%)	743

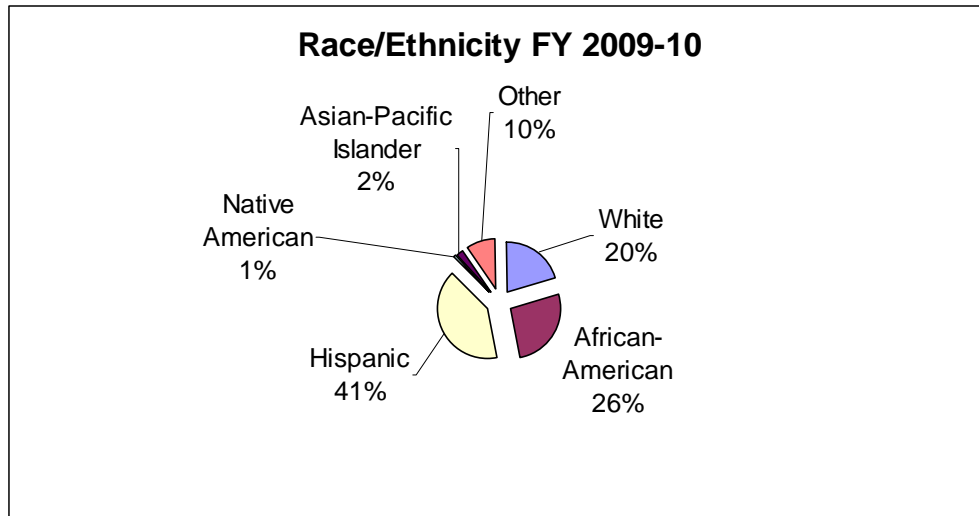
Race/Ethnicity

The race/ethnicity of new participants entering the Adult Drug Court Program during Fiscal Year 2009-10 is reported in Table 5. A total of 26% of new participants are African-American; 41% are Hispanic; and 20% are White. Native Americans, Asian-Pacific Islanders and those that identify as “Other” represent the remaining percentage of participants. The racial composition of drug court participants has remained relatively unchanged over the last ten fiscal years.

Table 5: New Participant Race/Ethnicity – Fiscal Year 2009-10

	White	African-American	Hispanic	Native American	Asian-Pacific Islander	Other	Total
FY 2009-10	152 (20%)	194 (26%)	304 (41%)	4 (1%)	18 (2%)	71 (10%)	743

Figure 3



Trends in Participant Drug Use/Abuse

Primary Drug of Choice

In Fiscal Year 2009-10, over two-thirds of participants reported either methamphetamine or cocaine as their primary drug of choice. This has been consistent over the past ten years. However, Figure 5 illustrates the rising prevalence of methamphetamine use during the decade. Cocaine was the most prevalent primary drug of choice prior to Fiscal Year 2004-05. After that fiscal year, methamphetamine became the primary drug of choice and has remained so through Fiscal Year 2009-10.

Table 6: New Participant Primary Drug of Choice – Fiscal Year 2000–01 through Fiscal Year 2009-10

	Alcohol	Cocaine	Crack	Heroin	Marijuana	Metham- phetamine	All Other Drugs	Total
FY 00-01	73 (6%)	527 (40%)	187 (14%)	168 (13%)	64 (5%)	256 (19%)	48 (4%)	1,323*
FY 01-02	61 (5%)	568 (44%)	122 (10%)	145 (11%)	73 (6%)	266 (21%)	45 (4%)	1,280
FY 02-03	69 (5%)	513 (38%)	129 (9%)	150 (11%)	90 (7%)	376 (28%)	33 (2%)	1,360*
FY 03-04	50 (4%)	506 (40%)	93 (7%)	137 (11%)	87 (7%)	351 (28%)	44 (3%)	1,268
FY 04-05	43 (4%)	377 (34%)	52 (5%)	98 (9%)	66 (6%)	436 (40%)	21 (2%)	1,093
FY 05-06	44 (4%)	432 (35%)	51 (4%)	124 (10%)	70 (6%)	478 (39%)	32 (3%)	1,231*
FY 06-07	58 (5%)	320 (30%)	66 (6%)	113 (11%)	74 (7%)	423 (40%)	15 (1%)	1,069*
FY 07-08	23 (3%)	308 (35%)	50 (6%)	76 (9%)	67 (8%)	326 (37%)	21 (2%)	871*
FY 08-09	33 (4%)	258 (34%)	73 (10%)	58 (8%)	45 (6%)	272 (36%)	13 (2%)	752*
FY 09-10	28 (4%)	236 (32%)	33 (4%)	92 (12%)	54 (7%)	271 (37%)	28 (4%)	742*

*Differs from new participant total due to misreporting.

Figure 4

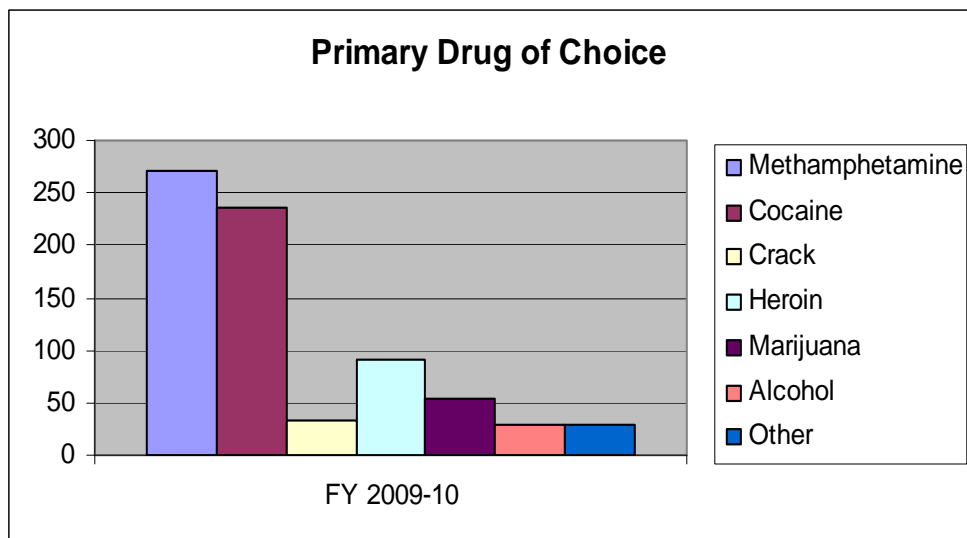
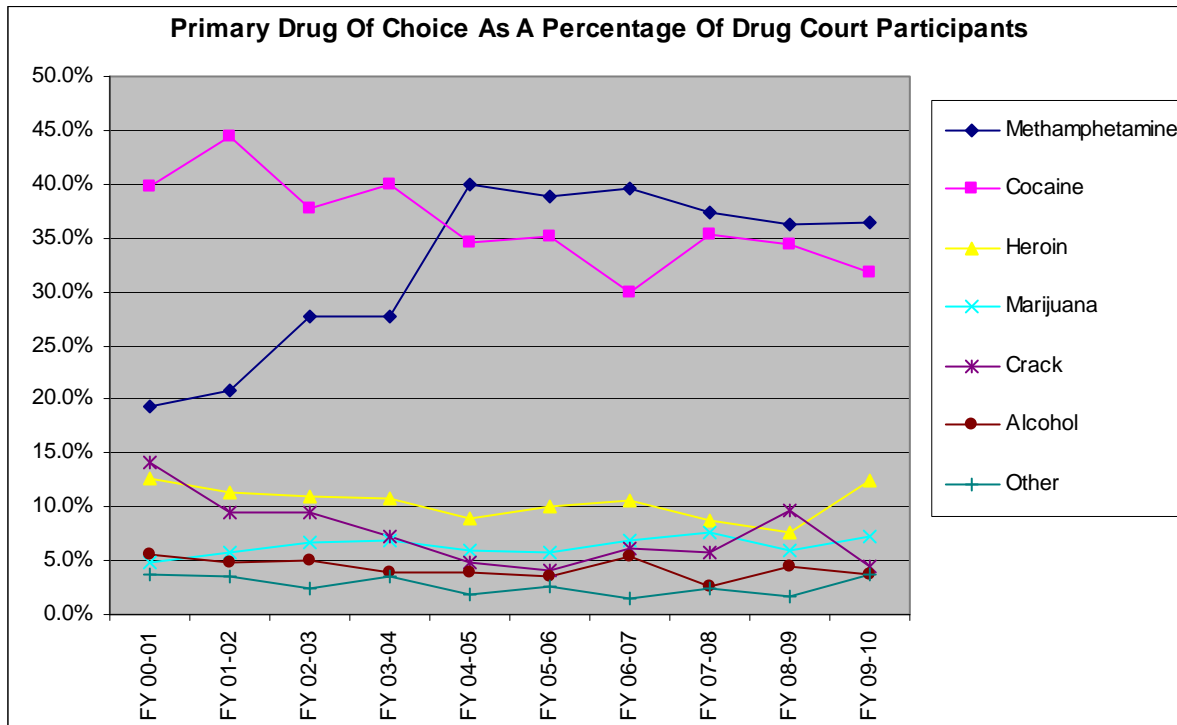


Figure 5



Length of Drug Use/Abuse

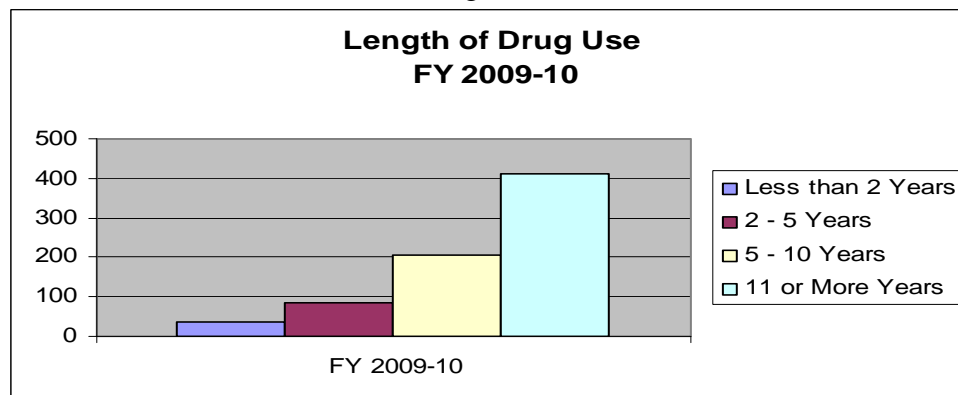
Table 7 illustrates the length of drug use/abuse reported by new participants in Fiscal Year 2009-10. The data shows that drug court participants have very lengthy drug use histories; the majority report that they have used drugs for 11 or more years. These percentages have remained relatively consistent throughout the previous ten years.

Table 7: New Participant Length of Drug Use/Abuse – Fiscal Year 2009-10

	Less than 2 years	2 to 5 years	5 to 10 years	11 or more years	Total
FY 2009-10	37 (5%)	86 (12%)	206 (28%)	413 (56%)	742*

*Differs from new participant total due to misreporting.

Figure 6



Recidivism

Recidivism Rates

The Drug Court Oversight Committee is committed to continually assessing how well the Drug Court Program is functioning, particularly in regard to recidivism of its graduates. Recidivism is defined as a conviction on a new offense following graduation from the Drug Court Program. Recidivism rates are reported for a five-year period after graduation.

The most recent recidivism rates for drug court program graduates are reported in the tables below. Rates for Fiscal Years 2004-05, 2005-06 and 2006-07 reflect roughly five, four and three years of recidivism data respectively. Data for Fiscal Years 2007-08 and 2008-09 only reflect two and one year of recidivism rates.

Data indicate that drug court graduates have a five-year recidivism rate of approximately 30%. This means that over 70% of those that successfully complete the program remain conviction-free in the five years following their graduation. These percentages have been relatively consistent since the Drug Court Program began, are comparable to rates for drug courts nationwide, and reflect the effectiveness of the drug court model. These rates are also significantly lower than recidivism rates for similar offenders who do not participate in a drug court program.

Table 8: Recidivism Rates for Drug Court Graduates

	Number of Graduates	Number of Graduates Convicted of New Offense Since Graduation	Recidivism Rate
FY 2004-05	433	128	29.56%
FY 2005-06	344	95	27.62%
FY 2006-07	447	103	23.04%
FY 2007-08	355	65	18.31%
FY 2008-09	316	48	15.19%
Totals:	1,895	439	23.17%

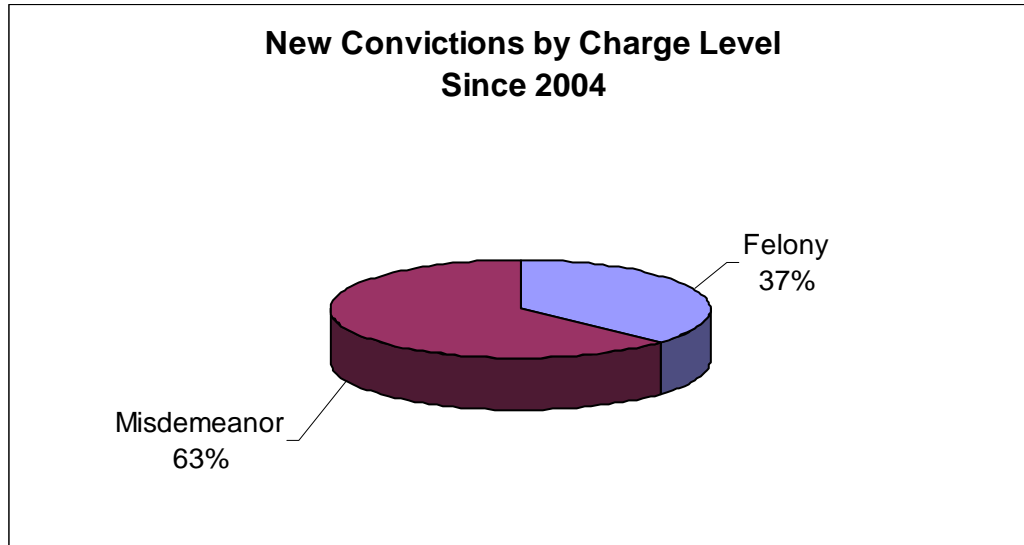
New Convictions by Charge Level

Among those graduates who were convicted of a new offense after their completion of the drug court program, 63% were convicted on misdemeanor charges and 37% were convicted of felony offenses.

Table 9: New Convictions by Charge Level FY 2004-05 through FY 2008-09

Felony	161 (37%)
Misdemeanor	278 (63%)
5-year Total	439

Figure 7



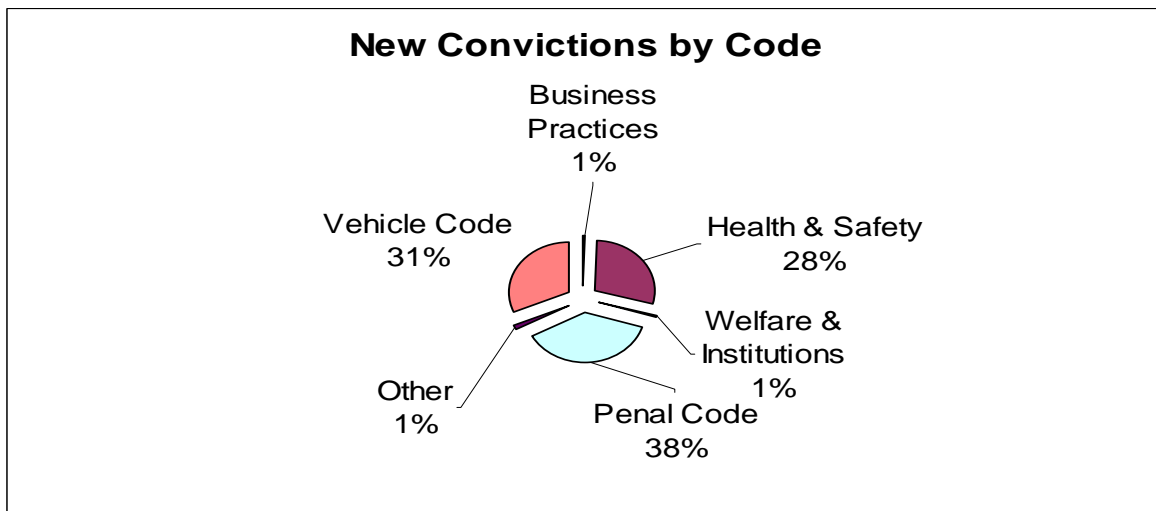
New Convictions by Code

The majority of new convictions among drug court graduates are for either penal or vehicle code offenses (38% and 31%, respectively). The third most prevalent category is health and safety code violations.

Table 10: New Convictions by Code – FY 2004-05 through 2008-09

Penal Code	164 (38%)
Vehicle Code	138 (31%)
Health & Safety	125 (28%)
Business Practices	3 (1%)
Welfare & Institutions	3 (1%)
Other	6 (1%)
5-Year Total	439

Figure 8



Specialized Drug Courts

Co-Occurring Disorders Court (CODC)

Since its inception in 2007 to the end of FY 2009-10, 732 clients were screened for the CODC program, 199 were accepted for enrollment, and 21 individuals had successfully graduated.

For FY 2009-10, 226 clients were screened and 51 were found to be eligible for the CODC program. About 70% of the referrals to the program came from the Public Defender's Office.

Demographic statistics of CODC participants differ somewhat from those involved in the traditional adult drug courts. Approximately 70% of those enrolled in the CODC during FY 2009-10 were African-American, 21% were Caucasian, 7% were Hispanic, and 2% were Asian American. 55% of participants were male and the average age was 43 years old.

With respect to housing status, 55% of CODC participants during FY 2009-10 were homeless, 34% had temporary/transitional housing, and the remaining 11% had permanent housing.

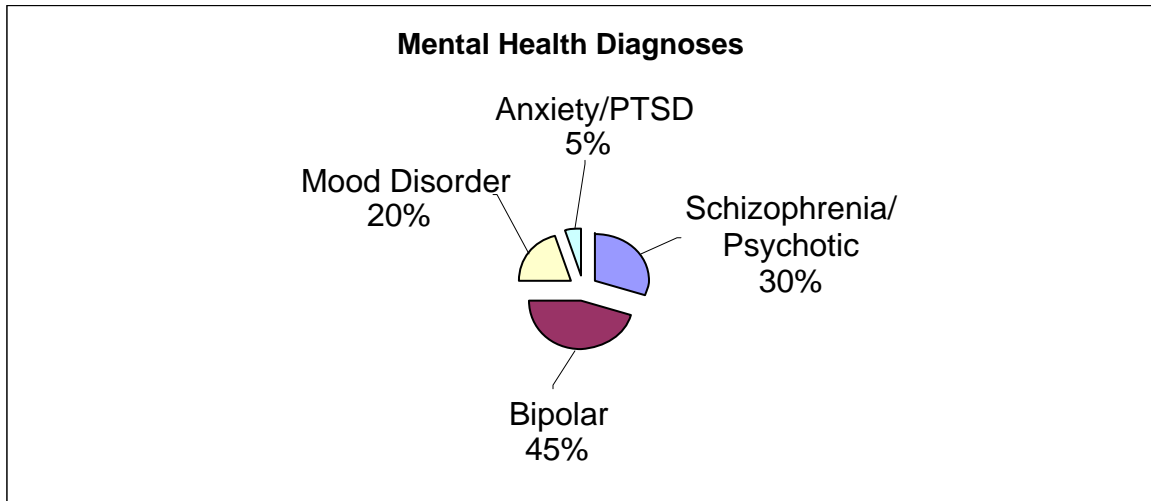
Table 11: Demographic Characteristics – CODC Program

Race/Ethnicity	
African-American	70%
White	21%
Hispanic	7%
Asian American	2%
Gender	
Male	55%
Female	45%

CODC participants must have an Axis I mental health diagnosis in addition to substance abuse issues. The most common primary diagnoses among CODC enrollees was bipolar disorder (45%), followed by schizophrenia/psychiatric disorder (30%), mood disorder (20%), and anxiety disorder/post traumatic stress disorder (5%). See Figure 9.

With respect to substance addiction, 52% of the participants were addicted to poly-substances, 37% to crack/cocaine, 7% to amphetamines, and 4% to heroin.

Figure 9



Women's Reentry Court (WRC)

Since the launch of the Women's Reentry Court (WRC) Program, which was in 2007, through October 15, 2010, 279 women have been referred for screening and 171 were formally accepted into the program (61%). Approximately 66% of the clients are on parole and 35% are on probation.

The following table shows the program status of the 171 individuals admitted into the program:

Table 12: Program Status as of October 15, 2010 – WRC Program

Program Status	
Graduated	44 (26%)
Currently in Residential	43 (25%)
Currently in Outpatient	23 (14%)
Remanded (temporary)	9 (5%)
Transferred	4 (2%)
Deceased	2 (1%)
Sent to State Prison	29 (17%)
Bench Warrant Issued	17 (10%)

The WRC population also differs somewhat from that of the traditional adult drug courts in Los Angeles County. These women are facing state prison commitments and have had lengthy criminal histories.

VII. Current Challenges and Future of Los Angeles Drug Court Program

A number of challenges face the Los Angeles Drug Court Program. There has been a consistent downward trend in the number of drug court referrals and new participants over the course of the last 10 fiscal years. While this decline may have leveled off in Fiscal Year

2009-10, the number of participants enrolled this year still represents a 44% decline from Fiscal Year 2000-01.

This reduction in new participants is due to several factors and emerging trends. Funding reductions for drug court programs from federal and state sources have decreased program capacity. In 2002, the number of drug court treatment slots peaked at 1,400. By 2010, the total number of budgeted drug court slots available for participants dropped to 811.

In addition, Proposition 36 and recent changes to its implementation in Los Angeles County have continued to affect Drug Court. Proposition 36, passed by California voters in 2001, mandates probation and treatment for eligible substance abuse offenders in lieu of incarceration. Since its passage, Proposition 36 has drawn significant numbers of drug court eligible offenders away from the drug court program.

Furthermore, funding provided by the state trust fund established for Proposition 36 sunsetted in 2009 and no funding has been allocated to the program since. This loss of funding led to the elimination of dedicated courts for Proposition 36 cases in the County and to a significant decrease in the numbers of referrals to the Proposition 36 program. Drug court referrals have seen a similar decline reflecting a general, although inaccurate, sense that drug treatment is no longer readily available for eligible offenders.

Recent state and local budget issues have further impacted the drug court program. In 2010, the Los Angeles County Sheriff's Department was forced to close over 4,000 jail beds and to implement an early release program where most convicted offenders serve only 20% of their sentenced time in jail. This has impacted the incentives for offenders to choose programs like the drug court, the duration of which is much longer than time they would spend in-custody under early release.

Finally, proposals at the state level to shift responsibility for a large number of offenders currently housed in state prisons or under state supervision to the counties could have a significant impact on drug court programs statewide. Any shift will change the make-up of the offender pool, how jail and custody resources are utilized and could additionally impact incentives for choosing a drug court program.

VIII. Conclusion

Drug courts continue to be a successful and effective way to treat offenders with substance abuse issues. In Los Angeles County, 11,000 individuals have enrolled in the Drug Court over the last decade and over 4,300 have successfully completed the program. By assisting with the rehabilitation of individuals who would otherwise cycle through the criminal justice system, drug courts both enhance public safety and offer substance abusers an opportunity to become productive members of society.

APPENDIX A

10 Key Elements of the Drug Court Model

Element 1:

Integration of treatment services with justice system case processing

All members of the drug court team agree to and approve a treatment plan for drug court participants. The treatment plan is seen as an integral component of court conditions on the participants.

Element 2:

Non-adversarial approach

The drug court team functions as a collaborative body with the prosecutor, defense counsel, and the bench officer all agreeing and working together to serve the best interests of public safety and the treatment plan of drug court participants.

Element 3:

Early identification and placement of eligible clients

Both defense counsel and prosecution work on identifying potential clients for drug courts. Early screening and assessment are key elements of the Los Angeles County Drug Court Program.

Element 4:

Access to a continuum of alcohol and drug and other related treatment services

All drug court treatment providers in Los Angeles County are expected and required to offer a continuum of services for drug court clients based on their needs. All drug court participants are assessed for addiction severity and other needs are then placed in the appropriate level of treatment.

Element 5:

Frequent alcohol and drug testing

A key element of the drug court model is accountability. Frequent and random drug testing is a vital component of the Los Angeles County Drug Court Program. Frequency of testing is determined by the level of addiction severity and is agreed upon by the drug court team and judge.

Element 6:

Coordinated strategy for responses to client compliance

All Los Angeles County drug courts operate with specific procedures for reporting progress and client compliance with the treatment plan. Treatment providers provide regular progress reports to the court and swiftly notify the drug court team when a drug court participant is non-compliant with any aspect of their treatment plan.

Element 7:**Ongoing judicial interaction with each client**

One of the most vital elements in the Los Angeles County Drug Court Program is the role of the bench officer. Frequent court appearances are the hallmark of drug courts. Drug court participants are routinely required to appear before the judge to report on their progress and discuss non-compliance issues. Bench officers provide guidance, encouragement, rewards, and sanctions when needed.

Element 8:**Monitoring and evaluation measures**

Monitoring, oversight, and evaluation of the Los Angeles County Drug Courts have been a hallmark of the program from the beginning. CCJCC's Drug Court Oversight Subcommittee establishes standards and practices for the drug court program and regularly reviews operations and issues. The Los Angeles County Alcohol and Drug Programs Administration administers a contract for independent evaluation of the drug court program.

Element 9:**Continuing interdisciplinary education**

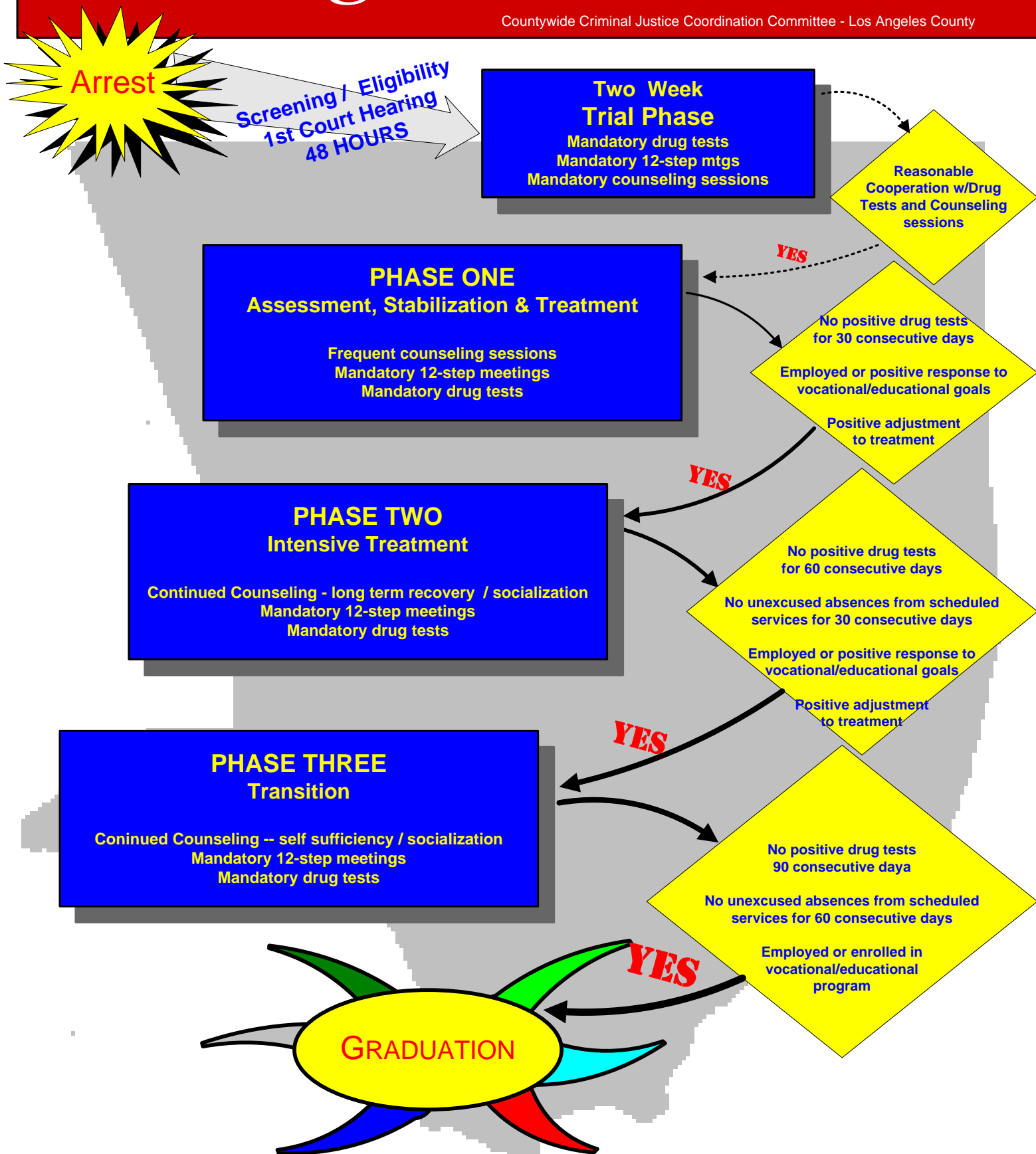
On-going training is a key element of the Los Angeles County Drug Court Program. An annual training conference brings together drug court professionals from across disciplines to hear the latest research and information related to drug treatment and drug courts. Specific training for drug treatment providers is also held on an annual basis.

Element 10:**Drug court partnerships**

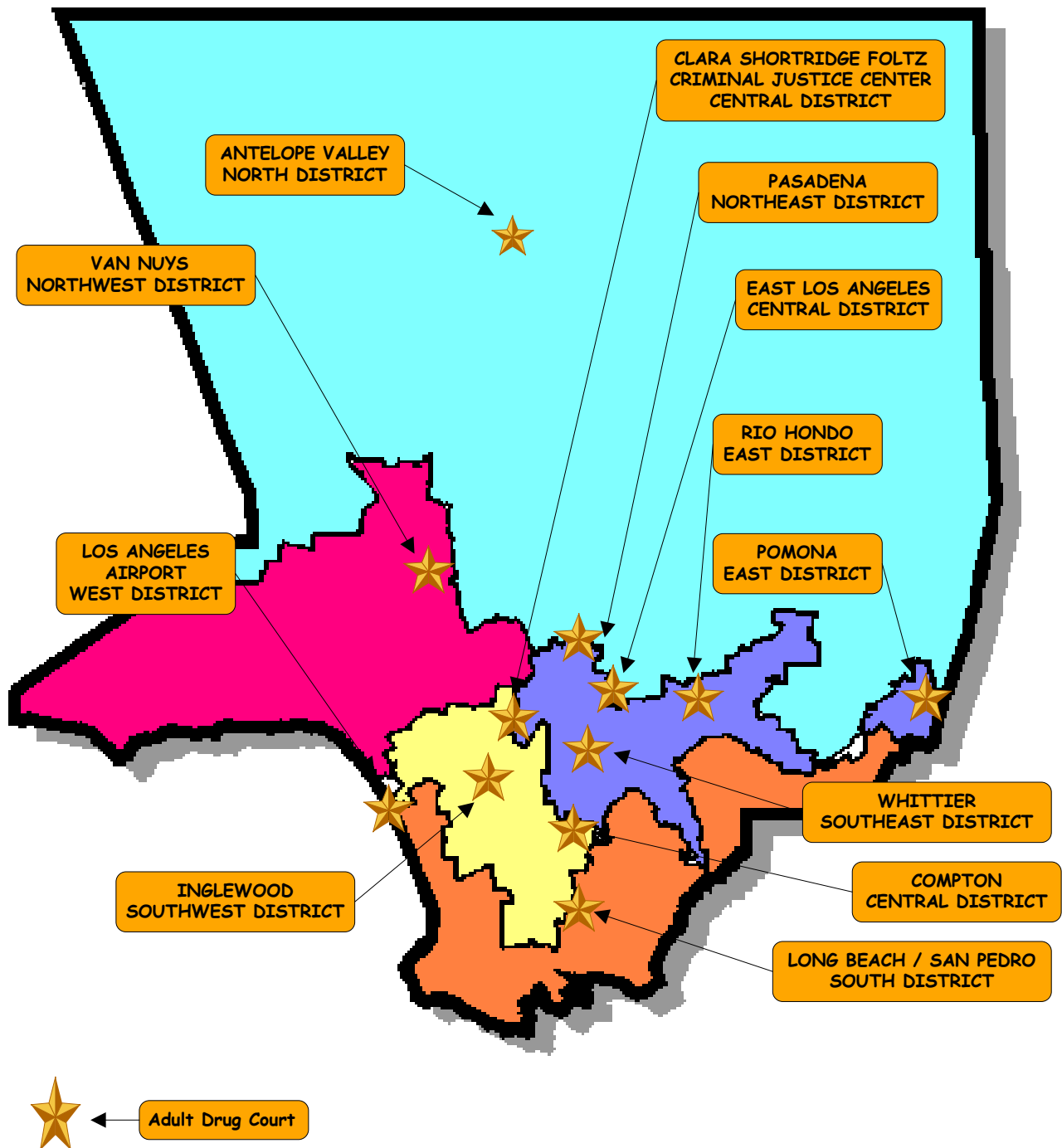
Each Los Angeles County drug court is based on partnerships between all the stakeholders in the criminal justice system and drug treatment network. These partnerships ensure that the drug courts operate efficiently and that they effectively work to assist drug involved and dependent offenders into recovery.

Drug Court Phases

Countywide Criminal Justice Coordination Committee - Los Angeles County



Adult Drug Court Programs



Board of Supervisors



Countywide Criminal Justice
Coordination Committee
(CCJCC)

Drug Court
Oversight
Subcommittee

Community Drug Courts

Clara Shortridge
Foltz Criminal
Justice Center
May 1994

Rio Hondo
July 1994

LA Airport
West District
January 1996

Pasadena
May 1995

Pomona
June 1999

Long Beach /
San Pedro
July 2000

Inglewood
April 1997

Van Nuys/
San Fernando
June 1997

Southeast
May 1997

Compton
April 1998

East Los Angeles
May 1999

Antelope Valley/
Lancaster
July 2002

Juvenile Drug Courts

Sylmar Juvenile
Court
July 1998

Eastlake Juvenile
Court
July 2002

Specialized Collaborative Courts

Co-Occurring
Disorders Court

Juvenile
Dependency Drug
Court

Sentenced
Offender Drug
Court

Women's Reentry
Court

Subcommittees

Treatment Providers



COUNTYWIDE CRIMINAL JUSTICE COORDINATION COMMITTEE



SUPERVISOR GLORIA MOLINA • CHAIR
SHERIFF LEROY BACA • VICE-CHAIR
MARK DELGADO • EXECUTIVE DIRECTOR

500 WEST TEMPLE STREET, ROOM 520
LOS ANGELES, CA 90012
(213) 974-8398

Los Angeles County Annual Drug Court Conference

Friday, June 11, 2010

8:30 a.m. – 4:00 p.m.

The California Endowment
1000 N. Alameda Street
Los Angeles, CA 90012

AGENDA

<u>TIME</u>	<u>SESSION</u>	<u>SPEAKER and LOCATION</u>
8:30 a.m. – 9:00 a.m.	Registration and Continental Breakfast	YOSEMITE
9:00 a.m. – 9:15 a.m.	Welcome	Mark Delgado, Executive Director CCJCC YOSEMITE
9:15 a.m. – 10:30 a.m.	Developing a Coordinated Continuum of Care in the Current Economic Environment	Richard A. Rawson, Ph.D. Associate Director, UCLA Integrated Substance Abuse Programs YOSEMITE
10:30 a.m. – 10:45 a.m.	Break	

10:45 a.m. – 11:45 a.m.	Discipline-Specific Meetings	Judicial Officers Facilitators: Judge Ana Maria Luna/ Judge Michael Tynan JOSHUA TREE
		Probation Officers Facilitator: Scott Stickney SEQUOIA
		Prosecutors Facilitator: Laura Jane Kessner CABRILLO
		Defense Counsel Facilitator: Joanne Rotstein MOJAVE
		Court Staff Facilitator: Daniel Martin BIG SUR
		Treatment Providers Facilitator: David Ramage/Michael d’Agostin YOSEMITE
11:45 a.m. – 12:30 p.m.	Networking Luncheon	COURTYARD
12:30 p.m. – 1:00 p.m.	Drug Court and Proposition 36 Funding and Treatment– Current Status and Directions for the Future	Judge Ana Maria Luna, Los Angeles Superior Court YOSEMITE

1:00 p.m. – 2:15 p.m.	Breakout Sessions (Sessions will be repeated at 2:30 p.m.)	
	Session 1: How to Write an Effective Progress Report: What the Judge Needs to Know	Judge Patricia Titus, Los Angeles Superior Court CABRILLO
	Session 2: Dealing with Difficult (Angry) Clients	Michael D’Agostin, Ph.D. Tarzana Treatment Centers, Inc. CATALINA
	Session 3: Hawaii’s Opportunity Probation with Enforcement (HOPE) Program and the Promise of Behavioral Triage	Angela Hawken, Ph.D. Pepperdine University, School of Public Policy MOJAVE
	Session 4: Importance of Ethics and Boundaries in a Professional Setting	Suzette Glasner-Edwards, Ph.D. UCLA Integrated Substance Abuse Programs SEQUOIA
	Session 5: Basics of Psychopharmacology and Methods for Effectively Treating Clients on Psychotropic Medications	Larissa Mooney, M.D. UCLA Integrated Substance Abuse Programs BIG SUR

	Session 6: Cognitive Behavioral Group Therapy	Albert Hasson, MSW UCLA Integrated Substance Abuse Programs JOSHUA TREE
2:15 p.m. – 2:30 p.m.	Break	
2:30 p.m. – 3:45 p.m.	Proposed Breakout Sessions (Repeated)	
	Session 1: How to Write an Effective Progress Report: What the Judge Needs to Know	Judge Patricia Titus, Los Angeles Superior Court CABRILLO
	Session 2: Dealing with Difficult (Angry) Clients	Michael D’Agostin, Ph.D. Tarzana Treatment Centers, Inc. CATALINA
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	Adjourn	